



Field Services Division
Reno/Sparks/Carson City (775) 684-4DMV (4368)
Las Vegas Area (702) 486-4DMV (4368)
Rural Nevada (877) 368-7828
Fax: (775) 684-4992
Website: www.dmvnv.com

NON-COMMERCIAL DRIVER LICENSE APPLICATION

- ☐ Driver License ☐ Identification Card ☐ International Student
☐ Instruction Permit ☐ Seasonal Resident I.D. Card ☐ International Instructor

(Please print in black or blue ink only)

Daytime Telephone Number _____

Name _____

Social Security No. _____ Last _____ First _____ Middle _____ Suffix (Jr., Sr.) _____
Date of Birth _____ ☐ Male ☐ Female

Height _____ ft _____ in Weight _____ lbs Hair _____ Eyes _____

Name on Birth Certificate if different than above _____

Birthplace _____ State/Country _____ Mother's Maiden Name _____

Mailing Address _____

Street / P.O. Box Apt. # City State Zip County

Residential Address _____

Street Apt. # City State Zip County

Declaration of Change: ☐ Name ☐ Date of Birth ☐ Social Security Number

From _____ To _____

From _____ To _____

Please check the boxes for the vehicles you will drive

NON-COMMERCIAL CLASS/TYPE

ENDORSEMENTS

A ☐ Combination vehicles GVWR 26,001 lbs or more; trailer over 10,000 lbs; or combination of vehicles not exceeding 70 feet in length with a GCWR of 26,000 pounds or less so long as the GCWR of the towed vehicles does not exceed the GCWR of the towing vehicle



1st Test: WT _____ Tech. Init. _____ 1st Test: DT _____ Tech. Init. _____
2nd Test: WT _____ Tech. Init. _____ 2nd Test: DT _____ Tech. Init. _____

B ☐ Single vehicle GVWR 26,001 lbs or more; may tow vehicle under 10,000 lbs



1st Test: WT _____ Tech. Init. _____ 1st Test: DT _____ Tech. Init. _____
2nd Test: WT _____ Tech. Init. _____ 2nd Test: DT _____ Tech. Init. _____

C ☐ Cars, vans, pickups; may tow a vehicle under 10,000 lbs; combination may not exceed 70 feet in length



1st Test: WT _____ Tech. Init. _____ 1st Test: DT _____ Tech. Init. _____
2nd Test: WT _____ Tech. Init. _____ 2nd Test: DT _____ Tech. Init. _____

M ☐ Motorcycle



☐ Moped



1st Test: WT _____ Tech. Init. _____ 1st Test: DT _____ Tech. Init. _____
2nd Test: WT _____ Tech. Init. _____ 2nd Test: DT _____ Tech. Init. _____

J ☐

Class C vehicle may tow a vehicle over 10,000 lbs GVWR



WT _____ Init. _____ DT _____ Init. _____
WT _____ Init. _____ DT _____ Init. _____

R ☐ Class C vehicle may tow a combination of vehicles less than 10,000



WT _____ Init. _____ DT _____ Init. _____
WT _____ Init. _____ DT _____ Init. _____

F ☐

COMMERCIAL LICENSE EXEMPT FOR:
FIREFIGHTERS – While operating emergency equipment
FARMERS – employees or family while transporting supplies within 150 miles to and from the farm, if not:
- employed as a common or contract motor carrier, or
- transporting placarded amounts of hazardous materials

Air Brakes Test Score: _____ Tech. Init. _____

PLEASE COMPLETE REVERSE SIDE

For Office Use Only

Social Security Number _____ Incomplete _____

Documents Shown _____

Reinstatement Information:

Transaction: ORIG DUP REN RS END TL RL

Class: A B C M Endorsements: J R F

License Surrendered: ☐ Yes ☐ No State _____

Vision: Left Both Right

Acuity With Correction: 20/ 20/ 20/

Acuity Without Correction: 20/ 20/ 20/

Organ Donor: ☐ Yes ☐ No

SSN: ☐ Yes ☐ No

Test Required: ☐ Written ☐ Drive

PDPS: ☐ Clear ☐ Hit State _____

Change: Name DOB SSN Add

Restrictions: A C D I M N O X Other _____

ID Card Surrendered: ☐ Yes ☐ No State _____

Hearing: ☐ Good ☐ Poor ☐ Deaf

☐ Epileptic ☐ Diabetic ☐ None

Anatomical Gift Donation: ☐ Yes ☐ No Amount \$ _____

Motor Voter: ☐ Yes ☐ No Voter No. _____

Commercial Sales: ☐ Yes ☐ No

Init. _____ Empl. ID _____

- | | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Do you currently have, or have you ever been issued in the past, a Nevada driver license or identification card? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had a driver license or identification card in another state? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, State _____ License Number _____ Class/Type _____ Expiration Date _____ | | |
| 3. Have you ever had a driver license or identification card in another name? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, State _____ Name _____ | | |
| 4. Has your driving privilege ever been revoked, suspended, canceled or denied? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, State _____ Date _____ Reason _____ | | |
| 5. Have you had any moving violations in the last four years? If Yes, how many? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you been convicted of driving under the influence of alcohol/drugs in the last seven (7) years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any disabilities, illnesses or take any medication that could affect your driving ability? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, disabilities/illnesses/medications _____ | | |
| 8. Have you ever been diagnosed with <input type="checkbox"/> Epilepsy or <input type="checkbox"/> Insulin Dependent Diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, would you like a colored frame around your photograph as indication for law enforcement? If so, a physician's statement indicating this diagnosis is required. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Would you like to be an organ donor and have that information indicated on your license or identification card? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Would you like to make a donation of \$1 or more to the anatomical gift account? If Yes, how much? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Would you like your Social Security Number on your driver license or identification card? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Would you like to register to vote or make changes to your current voter registration? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, you will need to complete a separate Voter Registration Application. | | |
| 13. Would you like your name and address released for commercial sales? | <input type="checkbox"/> | <input type="checkbox"/> |

STOP - Affidavits and signatures must be witnessed by an authorized DMV Representative or Notary Public - STOP

- ☐ **AFFIDAVIT – NO SOCIAL SECURITY NUMBER:** I, the undersigned, do hereby certify that I have never been assigned a Social Security Number under the provisions of the Social Security Act of the United States.
- ☐ **AFFIDAVIT – NON-USE OF NEVADA DRIVING PRIVILEGE:** I, the undersigned, do hereby certify that I have not operated any motor vehicle since (date) _____.
- ☐ **AFFIDAVIT – CONSENT FOR MINOR'S LICENSE:** I, the undersigned, do hereby consent to the issuance of an instruction permit/driver license to _____, whose relationship to me is _____.
- I understand that I can be held responsible for any liability caused by his/her negligence or willful misconduct in the operation of a motor vehicle. (NRS 483.300 and/or NRS 486.101) I understand I may have the permit/license cancelled and be released from liability by signing a cancellation request at a Field Services Office.
- I also understand that before a license is issued she/he may need to present a Certificate of Completion from an approved Driver Education Course and that I will need to sign and submit a form to the department attesting that she/he has completed at least 50 hours of behind-the-wheel driving experience.
- ☐ **AFFIDAVIT – INSTRUCTION PERMIT:** I, the undersigned, do hereby certify that I understand my instruction permit is valid for up to one (1) year and I must carry it with me when I am driving. I understand the restrictions on my permit and agree to follow them.

- ☐ **CLASS A, B & C INSTRUCTION PERMIT**
(Passenger car/pickup truck)
 When driving I must be accompanied by a licensed driver who:
1. Is 21 years of age or older; and
 2. Has at least one year of licensed driver experience; and
 3. Is seated beside me

- ☐ **CLASS M OR M-Z INSTRUCTION PERMIT**
(Motorcycle or moped)
1. I may only drive during daylight hours;
 2. I may not drive on limited access streets or highways;
 3. I must be in direct vision supervision of a licensed motorcycle driver at all times who is 21 years of age or older; and
 4. I may not carry passengers

DISCLOSURE STATEMENT: The Privacy Act as passed by the United States Congress authorizes the use of your Social Security Number for the purpose of verifying your identity. This number must be given and will be used in the administration of driver license laws as required by NRS 483.290.

I hereby certify that all statements in this application are true and correct. I agree and understand any misstatement of material facts may cause cancellation and/or denial of my driver license or identification card under NRS 483.420 and NRS 483.530, respectively. I further understand any misstatement of facts may be a misdemeanor or felony under NRS 483.530, and may be punishable pursuant to NRS 193.130.

Applicant Signature

Social Security Number

Parent/Guardian Signature

License No. or Identification No.

SUBSCRIBED AND SWORN to before me this _____

Authorized DMV Representative Signature and Tech No.

Day of _____, 20____

Notary Stamp

Notary Signature _____